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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (l))	32 -20* =	12	x \$ 18.00 =	\$ 216.00
	INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) or (l))	2 -3** =	0	x \$ 78.00 =	0
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))			+ \$ _____ =	0
				BASIC FEE (37 C.F.R. § 1.16)	690.00
				Total of above Calculations =	906.00
	Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28).				
	• <i>Reissue claims in excess of 20 and over original patent.</i>				
	• <i>Reissue independent claims over original patent.</i>			TOTAL =	906.00

6. Small entity status:

- a. A small entity statement is enclosed, if (b) and (c) do not apply.
- b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 12 1095:

- a. Fees required under 37 C.F.R. § 1.16.
- b. Fees required under 37 C.F.R. § 1.17.
- c. Fees required under 37 C.F.R. § 1.18.

8. A check in the amount of \$ _____ is enclosed.9. New Attorney Docket Number, if desired _____*[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]*10. a. Receipt For Facsimile Transmitted CPA (PTO/SB/29A)b. Return Receipt Postcard (Should be specifically itemized, See MPEP 503)11. Other: _____**NOTE:***The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.*

12. NEW CORRESPONDENCE ADDRESS

 Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or New correspondence address below

Name			
Address			
City	State	Zip Code	
Country	Telephone		Fax

13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)

STEPHEN B. GOLDMAN

Signature



Registration No. (Attorney/Agent)

28,512

Date

4/26/00